



**FILE COPY**

*Receipt*

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the application of )  
Kevin Irlen )  
Application No. 09/710,499 )  
Filed: November 10, 2000 )  
For: DATA MODELING METHOD AND )  
SYSTEM )

Examiner: Unassigned

Art Unit: 2171

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**AUG 07 2001**

**Technology Center 2100**

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on April 2, 2001.

Signed: \_\_\_\_\_

*Jacqueline M. Vo*  
Jacqueline M. Vo

**REQUEST FOR CORRECTED FILING RECEIPT**

Assistant Commissioner for Patents  
**Office of Initial Patent Examination**  
**Customer Service Center**  
Washington, D.C. 20231

Sir:

Enclosed is a copy of the Filing Receipt for the above-identified patent application. Please reprint the Filing Receipt as follows and mail the corrected copy to the undersigned.

Please add the continuing data "This Application Claims Benefit of 60/165,132 filed November 12, 1999".

Since this is a Patent Office typographical error, no fee should be due. However, the Commissioner is authorized to charge any fees that may be due to Deposit Account 50-1652 (Order No.50-1652).

Respectfully submitted,

*C. S. Kaplan*  
Cindy S. Kaplan  
Reg. No. 40,043

RITTER, LANG & KAPLAN LLP  
12930 Saratoga Ave., Suite D1  
Saratoga, CA 95070  
(408) 446-8690



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
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WASHINGTON, D.C. 20231  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/710,499	11/10/2000	2171	0	KIRLP001	9	18	5

21912  
RITTER VAN PELT & YI, L.L.P.  
4906 EL CAMINO REAL  
SUITE 205  
LOS ALTOS, CA 94022

RITTER, LANG, &amp; KAPLAN LLP

MAR 19 2001

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## FILING RECEIPT



\*OC000000005847258\*

Date Mailed: 03/09/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Kevin Irlen, San Diego, CA ;

RITTER, LANG, &amp; KAPLAN LLP

Continuing Data as Claimed by Applicant This Application claims MAR 19 2001

## Foreign Applications

Benefit of 601165,132  
Filed November 12, 1999. Nodkty. v. g. d.

DOCKETED

If Required, Foreign Filing License Granted 03/09/2001

## Title

Data modeling method and system

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## Preliminary Class

707

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Data entry by : ROBINSON, YOLANDA

Team : OIPE

Date: 03/09/2001



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Bib Data Sheet

CONFIRMATION NO. 5143

<b>SERIAL NUMBER</b> 09/710,499	<b>FILING DATE</b> 11/10/2000 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2177	<b>ATTORNEY DOCKET NO.</b> KIRLP001	
<b>APPLICANTS</b> Kevin Irlen, San Diego, CA; <b>** CONTINUING DATA **</b> <i>Verified ml</i> THIS APPLN CLAIMS BENEFIT OF 60/165,132 11/12/1999 <b>** FOREIGN APPLICATIONS **</b> <i>None ml</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 03/09/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Mirandale</i> <i>ml</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 21912					
<b>TITLE</b> Data modeling method and system					
<b>FILING FEE RECEIVED</b> 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		